

PART B - FEE(S) TRANSMITTAL

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22850 7590 08/04/2010

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(Signature)
(Date)

CUSTOMER NUMBER

22850

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/455,745	11/19/1999	LAURENT BIGNOLLES	0154-2855-2X	5532

TITLE OF INVENTION: OPTICAL NIGHT VISION DEVICE WITH STANDARD LIGHT INTENSIFIER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	11/04/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
RATCLIFFE, LUKE D	3662	250-526000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Oblon, Spivak,</u> 2 <u>McClelland, Maier</u> 3 <u>& Neustadt, L.L.P.</u>
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THOMSON-CSF SEXTANT

Velizy Villacoublay, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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Authorized Signature



Date

NOV 04 2010

Typed or printed name

Paul J. Killos

Registration No. Registration No. 58,014

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